

FAIRFAX COUNTY BUILDING PLAN REVIEW

BUILDING PLAN ROUTING FORM

"Q" or "R" Number: _____ **Date:** _____
Building Permit Number: _____ **Revisions Inserted By:** _____
Has Building Permit Been Issued? ☐ YES ☐ NO **Reviser's Phone Number:** _____
Has Final Inspection Been Performed? ☐ YES ☐ NO

Discipline	Was the revision requested by the reviewer? (yes or no)	Should the reviewer see this revision? (yes or no)	Revised sheets (indicate sheet numbers being added or revised)	Provide a brief description of the revisions made
BUILDING				
MECHANICAL				
PLUMBING				
ELECTRICAL				
FIRE MARSHAL				
HEALTH DEPARTMENT				